FORM D

SEC Mail Processing SECURITIES AND EXCHANGE COMMISSION Section Washington, D.C. 20549

FEB 2 5 2009

FORM D

Washington, DC PURSUANT TO REGULATION D,
110 SECTION 4(6), AND/OR

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|-------|----------------------|-------|-------|-------|
| | OMB APPROVAL | | | |
| ОМВ | OMB Number: 3235-007 | | | |
| Expir | es: [/ nated a | April | 30,2 | 800 |
| Estim | ated a | verag | e bur | len |
| hours | per re | spons | se | 16.00 |

| SEC US | E ONLY |
|---------|--------|
| Prefix | Serial |
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| DATE RE | CEIVED |
| 1 | 1 |

| UNIFORM LIMITED OFFERING EXEMPT | ION |
|--|---|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| BlueAvocado Co. | |
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 09003356 |
| BlueAvocado Co. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1516 Alameda Austin, Texas 78704 [51 | 2) 448-3070 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | 4 |
| eco-friendly lifestyle products | カ |
| Type of Business Organization | PROCESSED |
| corporation [] limited partnership, already formed [] other (please | se specify): |
| business trust limited partnership, to be formed | MAR 1 1 2009 |
| Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: [Li] 0 7 Actual Estimate Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or So 77d(6). | ection 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address. | notice is deemed filed with the U.S. Securities v or, if received at that address after the date on |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually si photocopies of the manually signed copy or bear typed or printed signatures. | gned. Any copies not manually signed must be |

Filing Fee: There is no federal filing fee.

not be filed with the SEC

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | | |
|---|-------------------|---|
| 2. Enter the information requested for the following: | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of | f, 10% or more of | a class of equity securities of the issuer. |
| Each executive officer and director of corporate issuers and of corporate general and mana | iging partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) George, Amy | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1516 Alameda Austin, Texas 78704 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | | General and/or Managing Partner |
| Full Name (Last name first, if individual) Nathan, Melissa | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1609 Linscomb Ave. Austin, Texas 78704 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Davis, Paige | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3803 B Byron Austin, Texas 78704 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Mills, Bonnie | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3407 Monte Vista Dr. Austin, Texas 78731 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Long, W. Jackson, Jr. | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 816 Congress Ave. Suite 1800 Austin, Texas 78701 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Chargois, Roxann | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 4801 Waters Edge Cove Austin, Texas 78731 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Aurora Investments | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 110 W. 7th Street, Suite 1000, Tulsa OK 74119 | | |

| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | |
|--|---------------------------------|--------------------|----------------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this othering? | | Yes | No ⋉ |
| Answer also in Appendix, Column 2, if filing under ULOE. | | _ | — |
| 2. What is the minimum investment that will be accepted from any individual? | | \$_ ^{50,} | 000.00 |
| | | Yes | No |
| 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or inc | | | K |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or incommission or similar remuneration for solicitation of purchasers in connection with sales of securities in If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated per a broker or dealer, you may set forth the information for that broker or dealer only. | the offering. r with a state | | |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| Name of Associated Broker or Dealer | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | - |
| (Check "All States" or check individual States) | | ☐ AI | l States |
| AL AK AZ AR CA CO CT DE DC FL | GA | HI) | ID |
| IL IN IA KS KY LA ME MD MA MI | | MS | MO |
| MT NE NV NH NJ NM NY NC ND OH | | OR N | PA |
| RI SC SD TN TX UT VT VA WA WV | [WI] | <u>WY</u>] | PR) |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| Name of Associated Broker or Dealer | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | |
| (Check "All States" or check individual States) | | □ vi | 1 States |
| AL AK AZ AR CA CO CT DE DC FL | GA | Ш | ID |
| II. IN IA KS KY LA ME MD MA MI | | MS | MO |
| MT NE NV NH NJ NM NY NC ND OH RI SC SD TN TX UT VT VA WA WV | | OR WY | PA PR |
| | | <u> </u> | |
| Full Name (Last name first, if individual) | | | |
| | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer | -V- ##= | | |
| | | <u>.</u> | |
| Name of Associated Broker or Dealer | | A1 | l States |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | l States |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | GA [MN [| | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|--|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | DebtS | | \$ |
| | EquityS | | |
| | ☐ Common 📝 Preferred | | 400.000.00 |
| | Convertible Securities (including warrants) | 400,000.00 | \$ |
| | Partnership Interests | | \$ |
| | Other (Specify)\$ | | |
| | Total | 400,000.00 | <u>\$ 400,000.00</u> |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | Investors | \$ 400,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | s |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | s 9,300.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) photocopies, secretarial | | \$_500.00 |
| | T to l | | s 9,800.00 |

| | C. OFFERING PRICE, NUMBER OF E | NVESTORS, EXPENSES AND USE OF PR | ROCEEDS | |
|-------|--|---|--|--|
| | b. Enter the difference between the aggregate offering price g and total expenses furnished in response to Part C — Question a proceeds to the issuer." | 4.a. This difference is the "adjusted gross | | \$390,200.00 |
| 5. | Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the paym proceeds to the issuer set forth in response to Part C — Que | e is not known, furnish an estimate and ents listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ 48,500.00 | |
| | Purchase of real estate | |] \$ | |
| | Purchase, rental or leasing and installation of machinery and equipment | |] \$ | |
| | Construction or leasing of plant buildings and facilities | |] \$ | \$ |
| | Acquisition of other businesses (including the value of secu offering that may be used in exchange for the assets or secu issuer pursuant to a merger) | rities of another |]\$ | |
| | Repayment of indebtedness | | = | |
| | Working capital | | s | S 341,700.00 |
| | Other (specify): | | s | s |
| | | |] \$ | \$ |
| | Column Totals | | \$ 48,500.00 | ✓ \$ 341,700.00 |
| | | | | 0,200.00 |
| | D. FE | DERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by the undersign nature constitutes an undertaking by the issuer to furnish to th information furnished by the issuer to any non-accredited in | e U.S. Securities and Exchange Commiss | ion, upon writter | le 505, the following n request of its staff, |
| Iss | uer (Print or Type) | · · · · · · · · · · · · · · · · · · · | late | |
| ВІ | ueAvocado Co. | 029 | 2 13/09 | |
| | 0 \ 1 | Signer (Print or Type) nt and Chref Ozone Officer | | |
| ,,,,, | , 10000 | V | | |

- ATTENTION -

| | | E. STATE SIGNATURE | | | | |
|--------|--|--|---|--------------------------------|--|--|
| 1. | | R 230.262 presently subject to any of the di | | No ⊠ | | |
| | | See Appendix, Column 5. for state | response. | | | |
| 2. | The undersigned issuer hereby to D (17 CFR 239,500) at such times | indertakes to furnish to any state administrator mes as required by state law. | of any state in which this notice is filed a no | otice on Form | | |
| 3. | 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | |
| 4. | limited Offering Exemption (U | ints that the issuer is familiar with the condit LOE) of the state in which this notice is filed en of establishing that these conditions have | and understands that the issuer claiming th | the Uniform le availability | | |
| | uer has read this notification and k athorized person. | nows the contents to be true and has duly cause | d this notice to be signed on its behalf by the | e undersigned | | |
| İssuer | (Print or Type) | Signature | Date | | | |
| BlueAv | rocado Co. | | | | | |
| Name (| (Print or Type) | Title (Print or Type) | Title (Print or Type) | | | |
| Amy G | George | President and Chief Ozone | President and Chief Ozone Officer | | | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 2 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Amount Yes No Investors Amount Yes No State ΑL ΑK ΑZ AR CA CO CTDE DC FL GA НІ lD IL IN IΑ KS ΚY LA ME MD MA ΜI MN MS

5 4 2 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and to non-accredited offering price waiver granted) offered in state amount purchased in State investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount State Yes No MO MT NE NV NH NJ NM NY NC ND ОН ОК OR PA RΙ SC SD TN TX UT VT VA WA wv WI

APPENDIX

| | | | | APP | ENDIX | ·-· | | | | | |
|-------|----------|---|--|--------------------------------------|--|--|--------|---|-----------------------|--|--|
| 1 | .= | 2 | 3 | | 4 | | | | 5 Disqualification | | |
| | to non-a | d to sell accredited rs in State I-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| WY | | | | | | | | | | | |
| PR | | | | | | | | | | | |

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